

Winston Alvarado  
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Paralegal Specialist  
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MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/049168**

FIL. DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.	6	↓	↓	↓
TOTAL DEP.	8	↓	↓	↓
TOTAL CLAIMS	9	████████	████████	████████

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓			
TOTAL DEP.		↓			
TOTAL CLAIMS		████████	████████	████████	████████

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS